

**65E-5.603 Minimum Standards for Mobile Crisis Response Service or Mobile Response Team (MRT)**

- (1) MRTs services are available to individuals of all ages experiencing a behavioral health crisis regardless of insurance status or ability to pay, in addition to populations specified in Chapter 394.495, F.S.
- (2) MRTs must provide immediate, onsite behavioral health crisis services to:
  - (a) Assess the individual for risk of suicidal and homicidal thoughts or behaviors.
  - (b) Assess the individual for mood disturbances such as depression, anxiety, delusional thoughts, or hallucinations that may contribute to and exacerbate the crisis.
  - (c) Identify social conflicts and other disruptive behaviors that may contribute to escalating the crisis and consider services and supports available to reduce them.
  - (d) Provide care coordination and interactive referral services between partnering agencies, stakeholders, providers, individuals receiving services, family, and caregivers, in person or via electronic means to facilitate the transition to services for up to at least 72 hours.
- (3) MRTs must, at a minimum:
  - (a) Must be accessible 24 hours a day, 7 days a week with an average response time of 60 minutes or less.
  - (b) Must post contact information on the start page of the provider agency's public website(s) and widely disseminate flyers, pamphlets or other types of educational materials to the community.
  - (c) Must notify the Department of any changes to MRT contact information, service coverage area, or operational structure.
  - (d) Must provide an array of crisis response services to any individual in crises and their families, designed to address their needs, including:
    1. Screening and standardized assessments completed for the presence of an emotional disturbance, serious emotional disturbance, substance use, or mental illness including depression and risk for suicide.
    2. Crisis de-escalation.
    3. Safety planning, and linkage to community services as necessary to address the immediate crisis event and ongoing behavioral health needs.
- (4) MRT services exclude:
  - (a) Any emergency medical services.
  - (b) Services performed outside of MRT's professional scope of practice.
  - (c) On-going behavioral health treatment services.
- (5) MRTs must adhere to standards for informed consent and confidentiality compliance.
- (6) Establish formal agreements with the local school district(s) and the Department of Juvenile Justice that identify roles and responsibilities of each party, including obtaining parental consent when the MRT responds to children 13 years of age or younger.
- (7) Establish formal and informal partnerships with key entities providing behavioral health services and supports to eligible individuals and their families to facilitate interactive continuity of care.
- (8) Establish response protocols through formal agreements such as contracts or Memorandum of Understanding with local law enforcement agencies, 9-1-1 dispatch, 2-1-1 call centers, 9-8-8 Florida Lifeline centers, local community-based care lead agencies, the Department of Juvenile Justice, the Agency for Persons with Disabilities, local schools (including public K-12 schools), colleges, and universities.
- (9) For children and adolescents, the MRT provider must:
  - (a) Use suicide risk assessment instruments, including risk assessments adopted by the district school boards pursuant to s. 1006.07(11), F.S., and approved by the Florida Department of Education pursuant to s. 1012.583, F.S.
  - (b) Accept suicide risk assessments completed on the same day of the response by qualified school staff pursuant to s. 394.495 (3), F.S., to avoid duplicated assessment.
  - (c) Policies and procedures for transportation to a designated receiving facility must comply with s. 394.462, F.S.
- (10) Each direct service staff person, at a minimum, must complete training requirements within the first 30 days of hire and an annual refresher thereafter in the following topics:
  - (a) Crisis de-escalation.
  - (b) Safety planning.

- (c) Common types of mental health disorders, substance use and developmental disorders and the respective treatments for each disorder.
- (d) Baker Act and Marchman Act protocols.
- (11) Each MRT must have a minimum of two (2) staff responding to calls in the community. MRTs must be comprised of the following staff at a minimum:
  - (a) At least one (1) FTE licensed behavioral health professional.
  - (b) A licensed behavioral health professional must be available via an on-call schedule 24-hours-a-day, seven-days-a-week.
  - (c) At least two (2) master's level professionals.
  - (d) At least one (1) paraprofessional.
  - (e) At least one (1) Certified Recovery Peer Specialist or someone working towards credentialing.
  - (f) Access to a board-certified or board-eligible psychiatrist or psychiatric nurse practitioner available via an on-call schedule.
- (12) MRT providers may enroll as Medicaid providers. All MRTs applying for Florida Medicaid enrollment must apply in accordance with the Medicaid enrollment application requirements identified in Rule 59G-1.060, F.A.C., Provider Enrollment Policy.

*Rulemaking Authority 394.457 (5)(c), FS. Law Implemented 394.495, FS, New \_\_\_\_ 2025*